

EXHIBIT 430-1
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
EPSDT PERIODICITY SCHEDULE

Procedures	Infancy								Early Childhood					Middle Childhood			Adolescence					
	new born	2-4 day	by 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	3 yr	4 yr	5 yr	6 yr	8 yr	10 yr	12 yr	14 yr	16 yr	18 yr	20+up to 21 yr
History Initial/Interval	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Height & Weight	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Head Circumference	x	x	x	x	x	x	x	x	x	x	x											
Blood Pressure												x	x	x	x	x	x	x	x	x	x	x
Nutritional Assessment	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Vision**																						
Hearing**/Speech																						
Dev./Behavioral Assess.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Physical Examination	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Immunization	← x →			x	x	x		← x →				← x →					← x →					
Tuberculin Test								+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hematocrit/Hemoglobin			← x →															← x →		→		
Urinalysis														x				← x →		→		
Lead Screen																						
Verbal						x	x		x	x		x	x	x	x							
Blood								x			x	x*	x*	x*	x*							
Anticipatory Guidance	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Dental Referral**																						

These are minimum requirements. If at any time other procedures, tests, etc. are medically indicated, the physician is obligated to perform them. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.

Key: x = to be completed + = to be performed for members at risk when indicated.

← x → = the range during which a service may be provided, with the x indicating the preferred age.

* Members not previously screened who fall within this range (36 to 72 months of age) must have a blood lead screen performed.

** See separate schedule for detail.

*** If American Academy of Pediatrics guidelines are used for the screening schedule and/or more screenings are medically necessary, those additional interperiodic screenings will be covered

EXHIBIT 430-1 (con't)

**ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
DENTAL PERIODICITY SCHEDULE**

	MONTHS		YEARS																	
Procedure	Birth thru 36 months		3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20+ up to 21
Dental Referral	+		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x

Referrals for routine dental visits should begin at age three (3). Earlier initial dental evaluations may be appropriate for some children. Subsequent examinations as prescribed by dentist.

**Key: + = birth to 36 months if indicated
x = to be completed**

EXHIBIT 430-1 (con't)

**ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
VISION PERIODICITY SCHEDULE**

		MONTHS										YEARS										
Procedure	New born	2 - 4 Days	by 1 mo	2	4	6	9	12	15	18	24	3*	4	5	6	8	10	12	14	16	18	20 + up to 21 yr
Vision +++	S	S	S	S	S	S	S	S	S	S	S	O	O	O	S	S	O	O	S	S	O	S

These are minimum requirements: If at any time other procedures, tests, etc. are medically indicated, the physician is obligated to perform them.

Key: S =Subjective, by history O = Objective, by a standard testing method
 * = If the patient is uncooperative, rescreen in 6 months.
 +++ = May be done more frequently if indicated or at increased risk.

**ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
HEARING AND SPEECH PERIODICITY SCHEDULE**

	MONTHS											YEARS										
Procedure	New born	2 - 4 Days	by 1 mo	2	4	6	9	12	15	18	24	3	4	5	6	8	10	12	14	16	18	20 + up to 21 yr
Hearing/ Speech+++	S/O	S	S	S	S	S	S	S	S	S	S	O	O	O	S	S	O	O	S	S	O	S

These are minimum requirements: If at any time other procedures, tests, etc. are medically indicated, the physician is obligated to perform them.

Key: S =Subjective, by history O = Objective, by a standard testing method
 * = All children, including newborns, meeting risk criteria for hearing loss should be objectively screened.
 +++ = May be done more frequently if indicated or at increased risk